

in the others. Cases in which carcinoma develops in the site of a simple ulcer may show apparent exceptions to these statements. The fact remains that malignant disease of the stomach with stagnation of the contents is accompanied by products of decomposition different from those in benign cases.

TUBERCULOSIS OF THE ADRENALS WITHOUT BRONZING.

COLEMAN (*Medical Record*, No. 1252, p. 552) has reported the case of a sailor, thirty-six years old, with marked constipation, who died without assignable cause three weeks after coming under observation. There was marked asthenia without apparent reason. The temperature at no time rose above 101° F. The reflexes were exaggerated and sensation was delayed. During the last few days of life delirium appeared. At the post-mortem examination the upper lobe of the right lung contained several tuberculous masses of considerable size in a state of caseation, while throughout the middle and lower lobes a few small nodules were found. The upper lobe of the left lung contained a large area of tuberculous infiltration in a state of caseation. The rest of the upper lobe was studded with miliary tubercles, while the lower contained a few tubercles along the pleura. The bronchial glands were enlarged and cheesy at the centre. The left adrenal body was somewhat distorted, and on section was found to be caseous, greenish-yellow pus exuding from several points on the cut surface. All traces of medulla and cortex had disappeared. At many points calcareous deposits had taken place in the cheesy matter. The right adrenal was reduced in size and contained one large calcareous mass, with numerous smaller ones scattered through its substance. In sections prepared from the glands tubercle-bacilli were found.

ACUTE PANCREATITIS.

At a recent meeting of the Clinical Society of London, PAUL (*Lancet*, No. 3712, p. 914) reported the case of a man, forty-three years old, who was seized with colicky pains in the abdomen, lasting for a few minutes. On the following day there was a recurrence of the pain, with vomiting. The bowels were constipated. The abdomen was slightly distended, but nothing abnormal could be detected by manipulation. The rectum was surcharged with feces. The pulse was 82 per minute and fairly full, and the temperature 100.6° F. An enema was followed by a large, constipated, but otherwise normal stool. An hour and a half later the man was found to be collapsed, with cold, clammy extremities and the radial pulse scarcely perceptible, and death took place eight hours after coming under observation, the temperature rising to 104° just before death. Two drachms of urine had been passed, containing considerable albumin, granular and hyaline casts, but no sugar. At the post-mortem examination the peritoneum covering the pancreas was found to be glued by recent lymph to the posterior surface of the stomach. The pancreas itself was much swollen and the seat of multiple hemorrhages, which were most numerous in the tail. The stomach, duodenum, and remaining organs were healthy, except for a cloudy swelling of the kidneys. There was no fat-necrosis. Microscopical examination of the pancreas disclosed considerable

disintegration, with total destruction in parts of the parenchyma of the organ. Numerous hemorrhages were to be seen, as well as clumps of crystals of hematoidin.

FATAL NEPHRITIS FOLLOWING SLIGHT SKIN-WOUNDS.

SACAZE (*Revue de Médecine*, February, 1895) calls attention to the fact that, though we recognize the occurrence of nephritis in the course of the more severe infectious diseases, we are apt to overlook the fact that slight affections, in themselves of little importance, can also be followed by nephritis.

He records the case of a gardener, sixty-five years of age, who, in handling some wood, scratched his hand slightly; he neglected the wounds, and three days later, after local redness, severe chills and oedema appeared. The urine, on admission, showed 3.25 grammes of albumin to the litre. The patient gradually sank, and died with uræmic symptoms one month later, the autopsy showing a nephritis and no other important lesions. Cultures from the skin-wounds during life showed the *staphylococcus albus*.

From the fact that the patient had been in perfect health before the wounds were inflicted, and that there was local reaction followed by symptoms of general infection and nephritis, Sacaze concludes that the nephritis was due to infection from the skin-wounds. He concludes his paper by remarking that the *staphylococci* can cause an acute nephritis, and that a slight skin-wound is capable of serving as their port of entry, and can thus present this complication.

EXPLOSIVE URÆMIA DUE TO ABORTIVE RENAL CONGESTION.

FIESSINGER (*Gazette Médicale de Paris*, March 2, 1895) reports two interesting cases of uræmia, of sudden onset and short duration, occurring in two brothers. In the one, a strong, healthy man, forty-two years of age, addicted to occasional alcoholic excesses, sudden unconsciousness with convulsions came on, the only preceding symptoms having been abdominal distress the night previously. The patient had three convulsive attacks in the one morning, was up out of bed the day following, and on the third day was back at work feeling as well as ever. During the attack there was almost complete anuria, and the urine contained albumin and a trace of sugar; two days after the attack it was perfectly normal. The patient remains in perfect health six years after the observation.

The second brother, aged fifty-six years, after having headache and anorexia for forty-eight hours, was suddenly taken with orthopnoea. The patient was cyanotic and wheezy, and had a short, frequent cough, with profuse, ropy, sanguinolent expectoration. The lower portions of both lungs were full of fine subcrepitant râles. The attack occurred at night and lasted only a few hours; by the next day the patient was able to sit out of bed, and the lung signs had disappeared, and on the day following he resumed his work. The urine during the attack was slight in amount, and contained much albumin; the following day it was abundant and contained uric acid crystals and a few casts, but only a trace of albumin. In neither case were there any signs of artero-sclerosis.

Fiessinger explains these cases by a temporary congestion of the kidney,